

Brokers

MULTIPLE DEPENDENT CLAIM
FEE CALCULATOR SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT'S
10/019577

CLAIMS

NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		3		5	
TOTAL DEP.	12	↓	18	↓	16	↓
TOTAL CLAIMS	14	↓	21	↓	21	↓

NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS		↓			↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

SERIAL NO. 10/019577	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	5					
TOTAL DEP.	15					
TOTAL CLAIMS	20					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				